

# Supply Purchase Request



Submit completed request to [brolab@steris.com](mailto:brolab@steris.com)

## CUSTOMER INFORMATION

Bill to Company:	PO# / Last 4 CC#:
Street Address:	Quote # (if known):
City, State ZIP:	<i>If "Ship to Company:" is different from "Bill to Company:", list below.</i>
Contact Person:	Ship to Company:
Contact Phone / email:	Street Address:
Email Report to:	City, State ZIP:

## SUPPLY REQUEST INFORMATION

Population verification is included in the cost of stock BI purchases. MS/01b handling fee applies to all supply purchases.

Supply 1:	QTY:
Supply 2:	QTY:
Supply 3:	QTY:
Supply 4:	QTY:
Supply 5:	QTY:

## SPECIAL INSTRUCTIONS

Check all that apply. Provide details in "Additional Instructions" below. *(Additional charges may apply)*

STAT processing requested. (MS/01 charge applies)

STERIS to retain positive control BIs

Store BIs at lab for routine STERIS MN processing only (MS/01c: charges will be applied to PO listed above)

## SHIPPING INSTRUCTIONS

Carrier / Shipping Method:

Account #:  
Same as address above

Shipping Address:

## ADDITIONAL INSTRUCTIONS

## APPROVAL

By signing and dating below, I acknowledge I have read, understand, and accept

\_\_\_\_\_  
*Signature (testing cannot proceed without signature and date)* \_\_\_\_\_  
*Date*

<b>STERIS USE ONLY</b>	
Date Received:	Sample / Project #:
Received By:	